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## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

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Application Number	10/776,687-Conf. #3813
Filing Date	February 10, 2004
First Named Inventor	Gregory B. Altshuler
Art Unit	3739
Examiner Name	H. M. Johnson
Attorney Docket Number	105090-0236

Total Number of Pag	es in This Submiss	ion			105090-0236				
ENCLOSURES (Check all that apply)									
X Fee Transmittal Fo	orm ·	Drawing(s)			After Allowance Communication to TC				
X Fee Attached	d	Licensing-rela	ited Papers		Appeal Communication to Board of Appeals and Interferences				
Amendment/Reply		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After Final		Petition to Co Provisional A			Proprietary Information				
Affidavits/de	claration(s)		ney, Revocation respondence Addres	ess	Status Letter				
Extension of Time	Request	Terminal Disc	laimer		Other Enclosure(s) (please Identify below):				
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Transmittal
errespondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date Signature:  (Reza Mollaaghababa)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number **FEE TRANSMITTAL** Filing Date

## 10/776,687-Conf. #3813 February 10, 2004 First Named Inventor Gregory B. Altshuler For FY 2005 **Examiner Name** H. M. Johnson Applicant claims small entity status. See 37 CFR 1.27 3739 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 180.00 105090-0236 Attorney Docket No.

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METHOD OF PAYME	NT (check all the	at apply)						
X Check Credit	Card M	oney Order	None	Other (	please identif	ý):		
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FEE CALCULATION								
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Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees P	<u>aid (\$)</u>
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES	;						•	Small Entity
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Signature .		/ U C		gistration No. tomey/Agent)	43,810	Telephone	(617) 439	-2000
Name (Print/Type) Reza M	ollaaghababa			• • • • • • • • • • • • • • • • • • • •		Date		
<i>v</i>						·		

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Name (Print/Type)	Ŗ	za Mollaa	ghab	aba				Date	
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I hereby certify that	at this cor	respondence is be	ing deposited with t	he U.S. Po	stal Service	with sufficient p	ostage as First Cl	ass Mail, in
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(Reza Mollaaghababa)



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Dated: Jall. 31, 700 Signature:

hababa)

Docket No.: 105090-0236

(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Gregory B. Altshuler et al.

Application No.: 10/776,687

Confirmation No.: 3813

Filed: February 10, 2004

Art Unit: 3739

For: TISSUE PENETRATING ORAL

Examiner: H. M. Johnson

PHOTOTHERAPY APPLICATOR

## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (IDS)

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In accordance with 37 CFR 1.97, Applicant(s) hereby make of record the following additional documents. A PTO Form SB/08 and a full copy of each of the documents required under 37 CFR 1.98(a)(2) accompany this statement.

Applicant(s) have become aware of the following documents, cited in an International Search Report issued August 5, 2005, during the prosecution of international application no. PCT/US2004/036506, which corresponds to the above referenced application, and in accordance with 37 CFR 1.97(c) and (e)(1) or (b)(3), hereby submit(s) these documents for the Examiner's consideration. These documents are cited on the enclosed PTO Form SB/08, and a copy of the International Search Report and of each document required under 37 CFR 1.98(a)(2) cited thereon are enclosed as well. A full translation of the non-English language reference (G 91 02 407.2) is also enclosed.

This statement is not to be interpreted as a representation that the cited documents are material, that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of any document herein be construed *per se* as a representation that

02/03/2006 HTECKLU1 00000111 10776687

Application No.: 10/776,687 Docket No.: 105090-0236

such document is prior art. Moreover, Applicant(s) understand(s) the Examiner will make an independent evaluation of the cited documents.

This Information Disclosure Statement is filed more than three months after the U.S. filing date, OR more than three months after the date of entry of the national stage of a PCT application, AND after the mailing date of the first Office Action on the merits, whichever occurs first, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

Our check in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p) is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 141449, under Order No. 105090-0236.

By

Dated: 3am. 31, 2006

Respectfully submitted,

Reza Mollaaghababa

Registration No.: 43,810

NUTTER MCCLENNEN & FISH LLP

World Trade Center West 155 Seaport Boulevard

Boston, Massachusetts 02210-2604

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Attorney for Applicant

1485213.1



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				Art Unit	3739		
	(Use as many sh	eets as	necessary)	Examiner Name	H. M. Johnson		
Sheet	1	of	1	Attorney Docket Number	105090-0236		

	U.S. PATENT DOCUMENTS								
Examiner Initials*	Cite No.1	Document Number  Number-Kind Code <sup>2</sup> ( if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear				
	AA*	US-5,300,097	04-05-1994	Lerner et al.					
	AB*	US-5,342,358	08-30-1994	Daikuzono					

		FOREIG	ON PATENT	DOCUMENTS		
Examiner	Cite	Foreign Patent Document	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where Relevant Passages	
Initials* No.1	Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	MM-DD-YYYY	Applicant of Cited Document	or Relevant Figures Appear	T⁵	
	ВА	G 91 02 407 U1		Mink		
	BB	WO 02/094116 .		Palomar Medical		
				Technologies, Inc.		
	ВС	WO 04/084752		Palomar Medical		
				Technologies, Inc.		
	BD	WO 04/073537		Palomar Medical		
	L			Technologies, Inc.		
	BE	WO 00/74583		Spectrx, Inc., et al.		
	BF	GB 1 546 625		Shaw		
	BG	EP 0 743 029		Ceramoptec GMbH		
	ВН	WO 88/04592		Aesculap-Werke AG		

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. \* CITE NO.: Those application(s) which are marked with an single asterisk (\*) next to the Cite No. are not supplied (under 37 CFR 1.98(a)(2)(iii)) because that application was filed after June 30, 2003 or is available in the IFW. 'Applicant's unique citation designation number (optional). \* See Kinds Codes of USPTO Patent Documents at <a href="www.uspto.gov">www.uspto.gov</a> or MPEP 901.04. \* Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). \* For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. \* Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. \* Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS								
Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²						
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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Examiner	Date	
Signature	Considered	

Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached.